DOCUMENT RESUME

ED 208 985 PS 012 442

AUTHOR Sponseller, Doris Bergen
TITLE Assessing Impacts of Child Care Policies on Welfare Recipients in Michigan. Research Study Results. Phase II Report.
INSTITUTION Michigan League for Human Services, Detroit.; Wheelock Coll., Boston, Mass.
SPONS AGENCY National Science Foundation, Washington, D.C.
PUB DATE Nov 81
GRANT NSF-085-7917846-A01
NOTE 51p.; Best copy available. For related document, see PS 012 441.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Access to Education; Attitude Measures; *Child Caregivers; *Day Care; Day Care Centers; Delivery Systems; Early Childhood Education; Educational Finance; Educational Quality; Family Day Care; Interviews; *Parent Attitudes; *Policy Formation; *Quality of Life; State Surveys; *Welfare Services
IDENTIFIERS *Michigan

ABSTRACT

This report describes the results of the second phase of a study of child care policy conducted for the Michigan League for Human Services (MLHS). (The report on the first phase of the study described the results of a mailed survey sent to parents receiving public assistance and to practitioners who provided and/or monitored publicly supported child care.) Described here are the results of the interview phase of the study, which involved 28 interviews with parents, 29 with providers, and 12 with state agency personnel selected at random from the survey respondents. The purpose of the interviews was to gain greater understanding of survey respondents' opinions by exploring the reasons they gave certain responses and by extending the questioning to related issues drawn from their personal experiences. Interview responses occurred in six question areas identified by the MLHS as being of particular interest: (1) access to child care; (2) quality of care; (3) parent support and education; (4) financial support; (5) regulation; and (6) general system functioning. The report discusses the views of parent respondents first, then outlines practitioner respondents' views, concluding with a statement of basic issues which must be resolved if child care policy is to meet the needs of welfare recipients. Representative case study profiles of interviewed respondents are included in the appendix. (Author/MP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED208945

"ASSESSING IMPACTS OF CHILD CARE POLICIES ON WELFARE RECIPIENTS IN MICHIGAN"

RESEARCH STUDY RESULTS

PHASE II REPORT

DORIS BERGEN SPONSELLER

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Doris Bergen Sponseller

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This report was prepared for the Michigan League for Human Services with the support of National Science Foundation Grant No. 085-7917846 A01. Its views are those of the author and do not necessarily reflect the views of the National Science Foundation.

PS012442

FILMED FROM
BEST COPY AVAILABLE

Acknowledgements

The information in this report was collected with the assistance of four exceptional graduate students who served as interviewers: Jill Kuslits and Elizabeth Hawthorn of the University of Michigan and Patricia Osmond and Rebecca Reid of Oakland University who spent many hours in detailed recording of data and in careful, systematic discussions with respondents. The task was also aided by Jan Jaworski of the U.S. Census Bureau who trained the interview staff.

The data was further categorized with the able assistance of Elaine Maxham, graduate student at Wheelock College. The paper was typed by Roberta Friedman, my Administrative Assistant.

To all of these people, I express my sincere thanks.

Doris Sponseller
Wheelock College
November, 1980

ASSESSING IMPACT OF CHILD CARE POLICY ON MICHIGAN WELFARE RECIPIENTS

Phase II Report

This report describes the results of the second phase of the study of child care policy conducted for the Michigan League for Human Services. The report on the first phase of the study described the results of a mailed survey sent to publicly assisted parents and to practitioners who provide and/or monitored publicly supported child care. This report describes the results of the interview phase of the study, which involved a total of 73 interviews, 28 with parents, 29 with providers, and 12 with state agency personnel selected at random from the survey respondents. The sample came from throughout the state, covered the entire age range and included people from a variety of experiential backgrounds. Each interview took approximately an hour with written notations made on the interview format. The format consisted of questions which probed the respondents' answers on the mailed survey.

The purpose of the interviews was to gain greater understanding of survey respondents' opinions by exploring the reasons they gave certain responses and by extending the questioning to related issues drawn from their personal experiences. This report addresses their interview responses in six question areas which are ones identified by the League as of particular interest. These are questions of (1) access, (2) quality, (3) parent support and education, (4) financial support, (5) regulation, (6) general system functioning. The report discusses the views of parent respondents first; then outlines practitioner respondents' views; and

concludes with a statement of basic issues which must be resolved if child care policy is to meet the needs of welfare recipients. The appendix includes representative case study profiles of interviewed respondents.

Parents' Viewpoints

I. Do parents feel that they have good access to child care?

Although the majority of parents are presently satisfied with the child care they have obtained, those interviewed respondents reported having had difficulty in finding out that publicly supported child care was available and often in being initially dissatisfied with care arrangements. Although one reports having been "handed a pamphlet of eligible services," one respondent comments, "Workers don't volunteer information" and another states "I didn't know anything about it. I went to D.S.S. and saw brochures and asked questions. They didn't really offer information." Often parents reported that they heard about care availability from friends, neighbors, other students or work associates rather than from the D.S.S. workers. One comments, "I think more people would work if they knew it was available. It would help them." Another asserts that most women would like to get into job programs for economic reasons and that child care "frees you to work." She goes on, "Some people have never worked before. They're petrified (to try). Good day care relaxes their mind."

Parent respondents often express the desire to have more assistance in finding the best type of care for their children. As one says, "You

can't tell by looking in the paper what you're getting." She indicates that she is "more comfortable" with D.S.S. recommendations. Many other parents report that they had difficulty searching on their own, didn't know who to call, and weren't able to find openings.

An access issue is whether parents know enough about options to choose wisely without D.S.S. or other assistance. Depending on their past experience or lack of experience with certain care types, parents held diverse views of what a type of care setting provides. They were asked to describe what came to mind when they heard the words "day care center," "family day care home," and "day care aide." Most parents had some mental picture of a center, ranging from "caring adults and experiences that are education and fun" or "a place busy and active, alert, bright,joyful," to"mass baby-sitting" or "a bunch of kids going nuts with three people watching." Family day care was described variously as "someone with children who has a few other children in," as "licensed baby-sitting," as a "grandmother with 3 or 4 children" or "a mother trying to earn extra income while staying at home with her children." Aide care was described as "somebody coming to my house, taking my place," "baby-sitting service" or "housekeeper or maid." In many cases parents said family day care and aide care was "the same."

Many parents report trying more than one type of care before they were satisfied. The "unsatisfactory" and the "satisfactory" care is of various care types depending on what the parent finds to be best for the child. For example, one person tried an aide before family day group home but found the aide too young, thus hard for her to trust for caregiving.

Another tried a relative but found they "tell you how to raise your kid." Another left center care for family day care because the center would not care for sick children. One parent changed to center care because in aide care she felt the child "wouldn't learn anything." Another finally decided on aide care because she found a person who "treats them (her children) like her own." One parent states that her care selection was based on "what I could afford - which is a poor reason." Some parents are still not satisfied but most say they would select a similar type of care. A few parents using family day care or aide care in outstate regions say they still would like to have center care, but that option is not available in their area. One, presently "unsatisfied,"liked the center care she had but then moved to an area of the state where center care was not available. She compares the present family day care unfavorably because her child is not "learning as much." Many parents were not sure if all care options were available in their community.

Although information on care is not always volunteered, most respondents indicate D.S.S. workers gave good assistance in the process of getting care approval. That part of access, though sometimes taking longer than parents would like, went relatively smoothly. Many parents select a care arrangement before the worker is asked about care, so the worker's role is to arrange the selected option. For example, one parent said "I told them I wanted Mom to be the provider - they got her licensed." One called a day care center, signed her child up, then went to see the worker and states, "I didn't have to do anything else." Often D.S.S. provides a list of options which the parent must pursue to find a place.

As one says, "They gave me a list of centers to call, recommending some (but those weren't near me). I chose the center and filled out the forms." Another: "I called up and asked for the licensed homes in my area." Another, whose first selection was unsatisfactory and who felt she didn't get enough help, says, "My worker now makes a point of helping me find someone to fit my needs." Parental satisfaction with care access and options varies with their perceptions of what their child needs at a particular time. The interviewed parents generally exhibit thoughtful decision making in the care selection process, even though they come to a wide range of decisions.

From the parent respondents' viewpoint, the role of state personnel in providing access information and advice as to child care options available can be expanded and improved, especially in actively providing initial information and in helping parents decide on the best care arrangement for their children.

2. What is quality care?

A major concern expressed by parents is that the type of care be the "best type for their child." Although some express a view similar to this respondent: "No one can take better care of a child than a parent," others cite instances of parents who are not providing good home care or mention that child care even helps good parents function better with their children. For example, one says, "It helps you separate a little when you get so close" and another comments, "It's a renewal." These parents, who are all single, generally see child benefits in the child care experience. Their choice of the "best type" relate to their opinions

of what the major benefits of care can be.

Many parents select child benefits of quality care related to socialization, love and attention, and learning. Their reasons for selecting socialization benefits of group care (either center or family day care options) is so their children can learn to get along, to share and to make friends because as one parent says, "They have to go out in the world for the rest of their lives." Parents stress that their children must have love and attention - "The love you can't give when you're not with them" - but do not necessarily see this love and attention as needing to come from a "motherly" person or setting. Parents differ especially on the issue of what the quality of love and attention should be and often select a "best type of care" based on this issue. For example, a parent who uses a family day care provider says of the provider, "She has taken my place, been there for her (the child), given love and attention." Another comments, "I feel bad enough being away from her. I'd want someone who would be a motherly type and be like what I would be with her."

On the other hand, one parent raises these questions, "What about mothers who don't care? What about caretakers who do care?" And another says, "There may be more love in a day care center than in 'the home.'" Others feel that the love must come from a family member. As one parent states, "Within my family I feel that the family should help care for little ones."

Although trained staff was a high priority for all parents, some see informal experience with children as a sufficient way to be trained; others mean formal training is necessary. Choice of "best type" therefore

is often based on what the parent means when she looks for a "trained" person. As one respondent comments, "You don't have to train someone to love and care for kids, but they need training to deal with health problems and how to deal with parents." Another comments, "Training is important. I wouldn't leave her with someone who is just in it for the money and didn't know what she was doing" and another says she hopes the caregiver is "more interested in learning than in putting in her time." They also discuss issues of training requirements, as one explains that, "Most centers have to meet certain training requirements and none of the others (family day care, aides) require these." They may worry, however, that training is not necessarily adequate and that they may not assure quality of care. For example, a number comment that providers needed to be trained to identify problems. Parents are concerned about the child's learning also, some feeling planned activity is essential ("Every day at day care a learning activity should be planned.") or informal ("Their learning activities are not planned, it just happens.") Some center users comment on the value in that setting of children getting an "introduction to school."

Interview respondents generally agree that all the care characteristics included on the mailed survey are important and that if all of those are covered well in the care setting, the children's needs would be met. With the age level of child, however, certain characteristics are stressed. For example, children of 5 - 7 were seen to need either a place to be with other children and a consistent follow-up experience to school or as needing to get away from school experiences to be in their own home

with a caring person. The 2 1/2 - 5 year olds are seen to need a group setting with learning and socialization as important (as long as group size is appropriate for the child). Infants are seen to need "intensive" care and the security of home or known person. They mention infant convenience problems as deterrants to other care types such as "so small children could stay home and not be moved in all sorts of weather" and the practical problem that "most centers don't take babies." There are parents who cite a group setting as better for toddlers because "at 18 months they move around a lot - are never tired. There's more to do at a center" and "easier to potty train at school." To solve this infant care problem one parent suggests "If you're smart, you won't work at this age." Few parents have other care solutions. Only one mentions business or industrial day care where "parents could spend breaks and lunch with them."

Most parents think 7 - 11 year olds also need child care. Adult care after school is necessary because "trouble may start." Suggestions range from neighborhood homes or aides in own home to structured activities and after school groups to be set up on school grounds. Even though parents see children being able to be "on their own more or less," they definitely believe some form of supervision should be available for children in this age range.

.Parents overall are fairly consistent in stating the characteristics necessary for quality care. They stress different characteristics more at some age levels than others and, depending on their personal experiences and available care options, may see different care settings most able to

provide the important quality characteristics. The interview data suggests very strongly that respondent parents want quality care, both for the benefits it gives to children and for the benefits to themselves. These parents are not satisfied only with minimal care that benefits them by enabling them to work; rather, they want quality care that allows them to go to work with a "relaxed mind." As one says, "It's a nice feeling to know when you're at work your child's being cared for in a good way."

3. Are needs for parent support and education being met?

Most respondent parents believe that parents, including themselves, need more education related to child rearing and more support for themselves in the parenting role. These needs are not ones that imply a lack on parents' part of interest or caring. Rather, as one parent says, "It's complicated to raise a child. Parents can't just go by what their parents did." Another says, "Usually their main source of information is their own parents which usually has screwed up on them." One parent comments, "People I know don't understand their kids" while another, expressing the need for education about children's developmental stages says, "I don't know the first thing about it." They believe knowledge of what to expect at various stages would help them have appropriate expectations, better meet emotional and intellectual needs, and even prevent child abuse. Even that knowledge is often not enough. As one parent indicates, "I just get used to one stage and then there's another one. It's difficult with one parent."

Parents are also definite about their needs to know how to help

children learn at home, including knowing how to play with their children. One says, "You can't just stick them in front of T.V." They also want to know how to feed and dress properly, recognize signs of illness, get assistance for special needs, and consider children's thoughts and feelings. Other things parents need are "training in adult self control," more community support, and more opportunities to discuss their problems. One says they need "a checkpoint - someone to talk to who has empathy, just to vent feelings."

When the interview respondents are asked to indicate how these educational and support needs are being met and/or who should be providing these experiences, they are not able to give many instances of presently operating resources. They have many suggestions for training sites, ranging from "anywhere it's available" to "something handy." Colleges and community colleges are suggested ("but they cost money"), as are high schools, elementary schools, community centers, and the county D.S.S. center (including D.S.S. support groups for therapy). The day care center or preschool, churches, groups led by other parents, videotapes, T.V. programs, and informal get-togethers are all suggested.

Apparently, parents feel this education and support is necessary; however, they are not very aware of existing sources and suggest a wide variety of potential sources. Apparently, present parent education efforts are not meeting the needs of parents, according to our respondents.

4. How do parents view the financial support system for child care?

Contrary to the popular myth that parents receiving public assistance accept it without thoughts of their own financial responsibility for their

children, the parents interviewed express a strong sense of primary responsibility. They convey the belief that this financial help is only accepted because it is necessary, that getting off welfare is their ultimate goal and that publicly supported child care is a means of achieving ultimate financial independence. The theme expressed by the following respondent is echoed often in the interview data: "The people who are trying to do something with themselves should have public assistance."

This opinion is especially strong in the group who are going to high school, college, or receiving other training. They believe that in order to "better themselves" and get a "decent job" they "have got to have education." Those who are working often stress that their income is so low they could not afford to work without paid child care. "It's bad enough you're underpaid" one says, and another comments that parents are "better off not working if they have to pay for child care."

These parents are no more likely to see child care as a parent's right as are other segments of our society. Low income parents (their estimates of a low income salary are $5,000-$15,000; average, $9,000) "should get some type of help" while about half think middle income parents need help. (Their estimates of a middle income ranged from $6,000 to $25,000, with and average estimate of $16,000.) Most high income parents (salary estimate $15,000 to $40,000; average estimate $25,000) are seen as not needing assistance because "they get everything," including the "tax breaks." These respondents believe parents making that level of income can afford child care. They are even more positive that working is the major reason for support for child care. Parents who "don't want to work, don't

deserve it."

On the other hand, they strongly support financial assistance for child care for abusive families. One respondent comments, "If kids could be away part of the day it would be a help," and another says, "If they (parents) can get help in caring for children, maybe they can get help for themselves, knowing their children are safe." Their concern for the child in abusive family situations apparently makes the "deservingness" of aid less based on parental income because we have "got to get the kid out of the house into a normal situation, so he can see how it should be."

If these parents had sufficient income so that working was not necessary, many of them would still work. As one says, "I couldn't stand to stay home all the time" and another says, "I like to work." Many suggest all single parents need to work at least part time to "get out with others." For example, one says, "I'd rather have a part time job so I don't get edgy or irritable" and another comments, "Working was always what I did so my mind would stay alive." Others, however, are wistful about their lack of options, one saying, "If I were married, I'd want to be home with my family" and another, "I am a single parent and would like to be at home with my child." The consensus of the group seems to be that financial support that allows choices to parents is best because "some are cut out to stay home and some can't." Another says parents "should work if the alternative is welfare, but not if their child has emotional problems and is in need of a full time parent."

The respondents were asked whether their views also applied to two parent families. They express a wish for choice here also. If both have to work then they should get some help; however, they see the possibility

of one parent staying home as a preferable option. One parent expresses the belief in options this way, "It depends on the people involved, but life would get boring with nothing to do."

The level of child care financial support was also discussed, with many parents indicating that they supplement the state payment if using family day care and aide care or realize that the center payment is not as much as center providers charge other parents. One parent says that a problem with the payment rates is that "you can find someone to take the D.S.S pay but they may not be a very good caregiver." Parents generally prefer the payment directly to the caregiver because "it's easy to spend the money (elsewhere) when the parent receives it." Another states, "Parents who need day care and D.S.S. payments don't need the problems of being a go-between for D.S.S. and the day care." But others cite the joint payment plan for aides as good "because the parent is the employer" and when both sign, "I know when the payment is made." Another states that paying the parent is good, "so I know exactly how much to supplement her salary."

To the questions concerning the financial support system, respondents seem to be in agreement with the "need" criteria in effect before Michigan's current financial difficulties. Cutting financial support services will be a hardship on many; in particular, a cut in the category of independent schooling may affect those who are most concerned about "bettering themselves" and trying to live the "American dream."

5. How do parents view the regulatory system?

Interviewed parents exhibit a great deal of confusion about the

regulatory system. They rarely read the rules and often do not know they can get a copy of the rules, although many express interest in having them once they are told that they can. Few can discuss any aspect of the rules and those who say they know the rules are often referring to idiosyncratic rules of the particular provider, rather than state or federal regulations.

On the other hand, they strongly support state regulation of care and even suggest greater enforcement with unannounced visits or periodic spot-checks, as well as stringent follow-up of rule violations. They say that by knowing rules and comparing "what does it really have?" with the guidelines, parents can have their "own personal peace of mind." Some recount instances of having the provider go over the rules, discussing discipline policy, emergency procedures, and other safety issues which "make me feel good." However, most are unable to say if the rules discussed were state rules or provider rules.

They are especially concerned about rules protecting children from harm and mention fears of child abuse by providers. One recounts an instance of a bad experience with a day care aide and that she "got no response when I reported it." Most parents are not aware of the fact that aide care is unregulated and that family day care is not regulated in a similar manner to center care.

Thus, although regulation is seen as a very important safeguard by parents, they are often lacking the knowledge which would enable them to be effective consumers of care.

6. How is the overall child care system functioning?

Parents were also asked to discuss their personal experiences with the

D.S.S. child care system. Many of them recount instances where the system worked well, with workers offering suggestions for care options and health service, arranging payments, and even discussing problems related to child development. Some cite their worker's friendliness and efficiency; as one states, "I don't have to wait more than 1/2 hour." Others mention that although their present worker is helpful, they have encountered less helpful ones at other times. As one says, "She was the only helpful one, the others can be standoffish." Another says her present worker is not helpful: "This one tries to fight me all the way." And in some cases, although workers are helpful on general employment and aid issues, they may not be as helpful on day care.

One major problem cited by a number of respondents was the difficulty of contacting the worker by phone. As a parent describes it: "They should be available more often for questions by phone. I had to call four or five times and when my worker was not there, no one asked if they could help or offered me information." When parents are calling long distance this can be an even greater problem.

Parents would also like the feeling that they are receiving all the information they should have. One parent says, "My worker could have explained just what I'm entitled to, but of course this would take time and time is limited." Sometimes workers appear to lack information. "So often they did not know what they could do or could not do," one states.

Rudeness and unpleasantness are also of concern to parents. One parent says, "She acts as if I'm trying to rip-off taxpayers, but I'm trying to better myself." Another says, "There are some workers who just have jobs." Parents are aware that workers are overburdened with paper work, payment

demands, etc., and are not always sufficiently trained. They suggest the state should give workers lighter case loads, develop an efficient message taking system, cut down on paperwork, have checkpoints and evaluations for workers, "and keep educating them."

On the other hand, most parents are happy that the system has worked as well as it has for them. As one comments, "I am grateful for the services that have been provided. Without it I could not go back to school."

From the comments of the random group of parents who were interviewed, it appears that those parents who responded to the initial mailed survey may differ from the total population of welfare recipients in their motivational level and assertiveness. So many of the interviewees report that a great deal of effort was involved in making the system work for them. They are the successful ones. A question remains whether the system as presently designed gives selective access to those parents who will take initiative in finding a satisfactory day care placement and continue to hold on through the sometimes difficult process. Unfortunately, the data does not allow generalization with those parents who did not respond to the survey. They may be less successful in dealing with child care problems.

Practitioners' Viewpoints

1. How do practitioners view the access system?

Both providers of child care and state agency personnel generally support parents' need for D.S.S. assistance in getting child care. Few of them see that getting initial information about the availability of day care support is the important need, however, although parents routinely report lacking information on availability.

Practitioners generally agree that help is needed to choose the best type. Not all, however, do. One aide says, "Parents know best - they can do it alone."

Day care service workers, outlining the process, indicate that workers can make parents aware of licensed homes, requirements of authorized care, and make "lists" available. They do not see themselves spending a large proportion of their time on the option issue and stress that the "parent makes the final decision." Thus, though parents may like them to play a greater role in discussing care options, many workers see this task as one parents can do with minimal assistance. Expectations of parents, providers, and D.S.S. workers differ on the issue of access. Some workers see their main role as facilitating payment and other procedural aspects of day care provision and see themselves as working effectively to do those things. Parents would like them to play a more active informational and consulting role. Providers usually agree that, at least on the issue of finding the best type, D.S.S. workers should be more knowledgeable and active. To the questions of how well the system works in regard to access to day care, judgement of its working depends on the expectations of the group answering the question. One aide comments, "Mothers may choose for convenience and cost. They need help in choosing quality," and another comments on need for parents to know what occurs during care, "like if we have a play period, rest, story hour - they need to know this." A family day care home provider says, "D.S.S. can help them know what to look for," but another comments, "I'm not too sure if they really do help." Another family day care home provider stresses the need for visits to homes by

D.S.S. workers because "some (children) are going from one abuse situation to another abuse."

One family day care provider says, "I think if you have children yourself, you would know." But another says that they "can't just drop kids off - they need to know what the provider is all about - her beliefs - her standards." Family day care providers are particularly aware of the unlicensed and unregistered home care being provided and that parents "don't realize the hit or miss quality if not licensed."

Center providers suggest that other sources of information such as 4C and referral services can play a major role in helping parents be informed about access and quality issues, because, as one states, "parents don't often look beyond babysitting." Center providers say they work with D.S.S. to let them know when openings occur because "matching needs of parent and center is important." Another center provider suggests that workers who visit sites can make better informed referrals. One indicates that inviting the consultant in to observe and talk at other than the licensing time helps them to know more about the center. A consultant says that parents don't always have enough information and another says, "Beyond cost and convenience and work papers, parents need to know what children really need." Many providers agree. Others see this role as vital for workers. One worker says, "Parents pick the simplest, easiest method rather than....transporting the child to more suitable...." Another says, "Parents are vulnerable; they must use day care for economic reasons - but are shy about asking questions." Another says they may not be aware that there is a choice.

The role of the D.S.S. worker may need to be reviewed in regard to this

aspect of service. Should the worker take an active role or do state employee requirements make recommendations on quality inappropriate? Should other organizations be the major source of referral and information or do they have vested interests which affect recommendations? If parents are to be effective consumers and meet their desire for their children's benefit, improvement in the process of choice and access is needed according to the group of practitioners interviewed.

2. What is quality care?

Most providers saw their type of care as best for children; however, the criteria of quality differed in the various care settings. Socialization and learning are seen as the major advantages of center care. One worker comments that because centers have more "visibility" they are more accountable. When asked the reason why center care was picked as best, one center provider says, "Because I'm a director of day care center." Other center providers characterize their settings as the "best of possible worlds," with valuable group experiences, a greater variety of experiences, a learning of social skills, planned activities. One states, "Regulations are better enforced and the quality of care more consistent."

Family day care home providers stress the "just like a family" advantages of their type of care, seeing themselves primarily as a "mother substitute," giving love and individual attention. A worker who chose family day care as best says that it meets the needs of any age group. Some aides saw the convenience factor, with no need for transportation or disruption of the child's achedule, as prime reasons for aide care. As one says, "The children feel more comfortable, have their own toys, don't miss parents as much. They

don't feel like mother and father left them." They do say, however, that in-home care may not be dependable and that older children benefit more from a different setting. Consultants and some workers stress that a setting offering good developmental opportunities is best but that much depends on the family and situation.

Practitioners are judging quality in terms of similar child benefit characteristics as those that parents use - love and attention, socialization, and learning. Providers differ among themselves as to the best way these characteristics can be provided and which ones get the primary emphasis. For example, family day care home providers believe children can "learn to get along" in the home setting with only a few other children, while some aides feel socialization is not important for young children. A day care worker, supportive of both center and home environments believes children are "taught in center, happiness in home." Family day care home providers and day care aides both interpret love and attention in terms of care like the mother would have provided. However, one provider asserts that she is "not to take the place of the mother." A consultant sees both center and home able to provide love and attention and "a good mother's care." Center providers also give instances of having "kids sit on our lap, give us a hug, wrestle...." and another says since some children are "here 9 or 10 hours, they need it," (love and attention). Center providers also say that because of enough trained staff they can personally observe children's problems and refer and support parents. An aide indicates that the advantage in aide care is the child "wouldn't have to spread out amongst a number of people" to get attention. One worker says that the best balance would be provided in "care facilities as part of the work place."

Although many parents think planned learning activities are important, only the center providers and consultants consider these of major importance. As one family day care provider states, "They'll do public school from 5 on" so she saw no need for learning along school-type lines. Center providers believe planned learning actvities are important but agree with other providers that public school readiness is not a goal. As one provider says, "bored child equals problems" and another says that "Every activity should be planned and supervised."

Practitioners were not able to think of many additional things needed for quality care that were not listed on the mailed survey. One worker suggests that children need the opportunity to learn nurturing skills and another says that they should learn to express feelings for emotional health. A center provider stresses helping children learn independence, control of the environment, and a positive self-concept.

Although formally trained staff is not a major concern of family day care home and day care aide providers, they do see value in training if the child is in a center. Also, they believe that their past experience with children has provided them with training. One aide asserts that if aides don't have children of their own, then they need training. Another says, "I wouldn't want anyone taking care of my kids who didn't know what they were doing." Center providers stress caregiver training, not necessarily formal. Staff need to have patience, be aware of children's different developmental needs at different ages and "know what they are doing." Though most agree that college or center training is needed, "just because qualifications are there it doesn't mean they are necessarily trained in caring quality."

Workers and consultants see training important and indicate the center is the most likely place to find trained staff. One worker says,"Not many parents are attuned to training." Since parents often pick training as an

important characteristics of quality care, this difference of view may be due to what the various groups consider training is. It is clear that all groups believe the caregiver "should know what she is doing." Whether this is gained from formal training or from experience bringing up one's own children is the issue.

When practitioners are asked about the quality characteristics of care for different age levels of children, they stress similar characteristics that parents do. The socialization, friendship, and activity dimensions are stressed for 5-7 year olds. Although similar concerns are expressed for the $2^{1}/2$-5 year olds, all groups but center providers and consultants also stress the importance of a "homelike" atmosphere. For the very young (birth-$2^{1}/2$), the home or homelike atmosphere took precedent for most groups. As one family day care home provider put it, "Babies need care more like mothers" and another says "Many are from broken homes, they need a home association." On the other hand, one center provider who gives infant care pointed up the advantages of this care and the individual attention each baby is given. She indicates however, that the unit is running at a loss because many parents are hesitant about center care for infants and the D.S.S. workers in the area usually recommend other care types. Some other center providers believe infant care can be given in a "well-equipped" program with the "right staff" and another stresses "qualified personnel" is necessary. One says that presently she is "not convinced of availability of a good infant center." Similarly, one consultant who says an aide would be best, indicates her choice is based on the fact that "our society doesn't have center facilities for infants. Ideally - center; realistically, aide."

Respondents agree that children 7-11 should have adult care after school, perhaps at a center or home, preferably in their own neighborhood. However, they have few additional suggestions for achieving this care other than clubs, recreation activities or relations. A family day care home provider says, "They think they are grown" and an aide comments, "That's when they try to get away with a lot." A consultant says that they can benefit from group experiences at these age levels. Two of the center providers interviewed are caring for children 6-11 after school. One says, if not cared for, "They get into mischief" and another agrees because "They shouldn't be home alone with TV." One suggests a recreation program if the mother is not home at after school time. A number of family day care home providers also care for children in this age range.

For the most part, parents, care providers, and state agency personnel express much agreement in views of the characteristics of care quality. Their differences in care type suggested or found satisfactory are often due to differing definitions of the quality characteristics. No one wants caregivers who "don't know what they are doing." What training or experience assures this is the issue. Everyone wants "love and attention" for children. Whether this can be provided in out of home and/or group settings is the issue. Everyone wants children to be learning. Whether learning must be planned for or comes naturally and what should be learned are the issues. Everyone wants children to become socially adept beings. When group experiences are appropriate and how large a group in what setting are issues.

The interviewed respondents all seem to think children deserve quality care. No matter what type they use, provide, or monitor, they do not seem to

favor "minimal" care standards. At issue for child care advocates is how to ensure that the care options available are all quality options by clarifying what quality care would look like in each type of care option. Then the quality issue would not be based on type of care but on what parents also want -"the best type for my child"- at each stage of the child's development.

3. Are needs for parent support and education being met?

Most practitioners agreed with parents that their need for education and support is understandable because of the difficulty of the parenting task, especially because of "the age we live in." Although some family day home providers and aides felt parenting comes naturally,-one says it is "a natural instinct for women but not for men" - most agree that parenting needs to be taught and that all parents can benefit. As one provider asserts, "Even I do. It's hard to know what to do some days. Lots of parents just don't know" and another says all parents "make mistakes bringing them up, even though you have the best intentions." An aide asserts, "Even if you're experienced you're always learning." A service worker discusses parents' lack of preparation and comments, "They are responsive though, once exposed to alternative models." Center providers indicate that parents tell them they need more education. Practitioners are concerned about single parents and especially teenage mothers who need education and support.

They generally agree with parents that knowing the stages of development can help with expectations and in judging what "well-behaved" means at different ages. Not all believe knowledge of development should be taught. As one family day care home provider says, "If you watch your own children you'll know how they're growing" and an aide says parents just need to "use common

sense." But a center provider asserts, "Generally parents expect too much from their kids" and another comments, "Some parents are disappointed in their children through lack of understanding." Most practitioners stress the importance of developmental knowledge and of knowing how learning can be assisted at home. One family day care home provider comments, "Mothers don't realize they're teaching all the time" and another stresses the need for learning activities so that children do something "besides sitting in front of TV." A worker comments that "parents are concerned (about their children's learning), feel inadequate, and want training." On the other hand, a center provider says, "Parents need to relax, they are often too pushy." A provider of migrant care feels this type of education is especially important. He indicates, "We send learning devices home."

These groups feel discipline techniques are also important, "especially for single parents - they want to make the loss up and give in to the kid." (family day care home provider) An aide stresses, "We need work between the parent and me to be sure we're doing the same thing." A worker says, "Both providers and parents ask for this"(discipline techniques). Center providers agree that parents need "guidance in discipline." Health and nutrition education is also needed because, "It's neglected a lot by low income people." A center provider says some parents, "don't even know how to look for illness or read a thermometer." Another says, "Single parents can't afford to take time off when kids are sick." One believes that if regulations did not require immunization, "kids wouldn't get shots."

Mentioned by practitioners were two other areas that parents also commented on: understanding emotional needs of children and how to handle their

own emotions - as one aide put it; "how to keep their cool with their kids." And a center provider stresses parents need help, "coping with kids on a day to day basis but maintaining their own needs too." They stress support services to parents are neccessary.

When practitioners were asked where parents could get this education and support, they also suggested a wide range of options including crises centers, churches, PTA meetings, night classes offered by colleges and high schools, media such as newspapers, TV, radio,pamphlets, and agencies such as public health and D.S.S. A few commented that it should not be done by colleges. The most mentioned source was the public school because of its accessibility and facilities, especially for the teenage parent. Day care providers were also suggested as good sources. As one family day care home provider states, "Older people like me should be teaching people how to be good parents." Center providers however, comment on their lack of success in reaching parents for education; often scheduled meetings are poorly attended. One consultant said that the day care center can teach only in subtle ways, perhaps through parent led groups. A worker remarks that not only parents using day care need this education and support, but that ways must be found to reach more parents.

Thus, although the practitioners agreed with parents about parent education's importance, they had no easy solutions to the problem. The question of financing these programs is mentioned by a number of respondents. Although some D.S.S. workers give examples of ways they help parents learn to do a better job, they do not generally see this as an appropriate role extension for themselves. One says, however, "I hope they pass legislation

requiring a class in child care and management in the high schools." And one center provider says parent education should be compulsory in public schools. Approaches of this type may be helpful; however, parents may need education and support through all phases of their family life. This may be especially true of single parents and may need to be a planned component of all day care systems.

4. How do practitioners view the financial support system for child care?

Practitioners are, in general, in agreement with parents concerning the groups who should be getting child care supported. They also use the criteria of, "if they're trying" to get ahead. Both those working or in training and those in high school and college are approved for, "trying to better themselves." As one family day care home provider says, "otherwise you almost force them to quit." One worker says paying day care for education "would encourage better educated mothers." Another suggests that the state, "offer the option of non-assistance day care payment. More mothers would work." A number of providers suggest a sliding fee scale, depending on income level.

Families with problems such as child abuse are seen as needing paid day care. As one family day care home provider says, "Help the children, not just parents." A few providers say counseling also is necessary for the parents. Workers see day care as preventing abuse and helping to keep the family together.

The practitioners had no qualms about offering aid to low income job holders. They estimate a low income as between $4,000 and $15,000 with the average estimate $9,600. Middle income families' care needs are less clearly supported.

One family day care home provider says they, "ought to be able to take care of their own." Another comments that paid care should be given only if a severe problem occurs - "if wiped out." A middle income was estimated to be about $16,800 with range of estimate from $6,000 to $30,000. Only the consultants think middle income families should be served. One states, "All children should have the opportunity - they are victims of circumstance." And another says, "I can think of people in all areas who qualify for some aid." The high income parent ($11,000 to $50,000, average estimate $25,000) were not included by most providers. As one states, "They should support themselves" and another, "It's too high a money bracket." A worker comments, "They can pay but I hope their children are a priority." Only consultants consistently support assistance; one indicates above $25,000 salary they should use tax credits. Consultants also include parents who want care but don't need to work. However, family day care home providers and aides disagree. One says, "I take my kids wherever I go - they can do the same" and another reminds, "It's coming out of my taxes." Some center directors support wider public assistance. As one says, "Some kind of day care is good for all parents" and another says, "Care should be supported by society."

Practitioners are divided in their views on single parents working if their income was sufficient so that they didn't have to work. Although many feel that young children are better off with the mother at home, as one worker says, "If you don't have to work, you shouldn't. Your place is at home when kids are little...." and a family day care home provider agrees because, "Children need to build a sense of security from parents." Many others stress choice options. For example, many believe part time work

benefits both parent and child, especially for elementary school age children. Few support full time work for parents of preschoolers, even though providers depend a great deal on full time working parents for their own income. The interviewed respondents reply that the issues are the same for two parent and single parent families, with choice "to do what's best for the child and themselves." Part time work or one parent staying home until the child is elementary school age are preferred options. As one aide says, "It's not really different for two parent families - the emphasis has just been on singles and their problems. We have ignored the problems of two parent families." One worker comments that inflation makes working necessary and that women should be able to work - "I have to!"

Most practitioners believe payments for care should go directly to the provider, primarily because, as one family day care provider says, "You may not get the money otherwise - and I need the money." One aide says it would be good to be able to "cash checks without messing around with the parents.... you're sure to be paid on time." A worker states it this way, "The amount of assistance is so low that paying the babysitter winds up a low priority..." and another says, "The state doesn't want to be the employer." Center directors cite complicated paperwork but think direct pay has less problems. One says if parents got the payment directly that "the parent may choose the cheapest care."

Most family day care home providers and day care aides talked at some length about the low rates of pay. Many charge an additional amount to parents. Thos who do not cite food costs and other expenses which make rates too low. Others explain that because of the flat fees paid for units

of care, caregivers often end up caring for children without adequate compensation, especially if the parent does not pick up the child on time. As one says, "I don't think $1.00 an hour would be too much; we at least should be paid that." A worker suggests that family day care should be "at least $7.00 a day." Another worker also gave that figure as minimal for adequate aide compensation.

Center providers also believe their payment rate is too low and some charge more to other parents. They indicate that they charge $9 -$12 per day and "can't charge the difference" (from D.S.S. rate of $7.88). One says, "We should have an equitable amount to do the job they want us to do."

Practitioners and parents generally agree on the issues related to financial support. However, providers are more knowledgeable about details of their particular payment system than they are about payments to other care providers. All groups of providers express the concern that payment rates are below the rate which is needed for good quality care.

5. How do practitioners view the regulatory system?

All practictioner groups except aides indicate that they know about the rules for the particular care type they provide or monitor, that they have copies of the rules and that they have read them. This is undoubtedly because the system of center and of family day care home licensing requires knowledge of rules and adherence to those rules. Whether the change to a registration system in family day care will affect rule knowledge will probably depend on how much effort D.S.S. puts into the information and monitoring system provided in the registration process. Aides indicate no knowledge of rules regarding day care for any type of care. They do not

seem to be aware that they had to meet a few basic rules to be certified to receive D.S.S. pay for caregiving. They are not aware that copies of regulations are available but about half express interest in seeing them if they exist. A few say they would like to learn about what they should do or if "they are doing something wrong." Since regulations governing aide care are so minimal, respondents may assume they are nonexistent, or that the few requirements that they had to meet to be certified were not really rules as such. In the mailed survey, many aides indicate they are "not certified," although it is essential that they be certified to be paid by D.S.S. Thus, aides may need to be informed that they are meeting minimal standards. It is possible that they would also be interested in having copies of the family day care home rules to use as guidelines in their care provision.

Those groups which are aware of rules have varying opinions about the adequacy of the rules. Family day care home providers generally think the rules for all types of care are about right. One indicates that family day care rules are too strict but others support more frequent checking "so parents are assured of getting good care" or that in addition the "personal character"should be evaluated not "just checking the house." Center directors view rules for them as about right or too stringent. However, those who answer too stringent often express concern more about the unevenness of interpretation by consultants than about the rules themselves. One expresses concern about the fire and transportation rules being too costly and rigid. Another indicates age requirements for adult workers are unrealistic given the pay levels. A number of center directors believe rules for family day care and aide care are too few and not enforced well.

State agency personnel generally view center rules as about right but some focus on lacks in family day care rules and express their perception that there are no aide rules. One comments that center rules are "inconsistent," another that day care home rules are not monitored well, others that aides need screening and training. Others apparently believe that the minimal aide care standards are sufficient.

All interviewed respondents except one day care service worker agree that rules for day care programs are essential. That respondent indicates uncertainty, "The government also sets up rules that prevent competent people from becoming licensed. The need is to better educate parents because they have the final choice." Others, however, strongly support the rules for the protection of all - children, parents, and providers. Although one center provider complains we "can't be bound and shackled," others discuss the value of the rules for assisting quality care and helping providers explain to parents. Two center providers suggest approaches to rule setting which they would find helpful. One says, "It would be good if parent, provider, and state could formulate the rules together," and another suggests, "There should be a committee of child care providers and D.S.S. people working together. A worker says, "regulations should be educating" and another that "rules help parents know what to expect, so they can choose better." Another comments that rules are necessary "to say the program is worth investing the funds in" and a family day care home provider asserts, "nothing is good without rules." In these discussions, however, the lack of rules for aide care is not addressed. Respondents did not deal with the possible incongruities in their strong support for program rules while

aide care, also state paid, lacks a set of basic rules. Perhaps, the fact that this care is in the child's home prevents respondents viewing state involvement in rule setting as appropriate. Certainly the reasons proposed by respondents for the necessity of rules apply to aide care as well.

Although there are discrepancies in viewpoints concerning certain rules and methods of enforcement, generally practitioners, as well as parents, are committed to a rule governed approach to day care.

6. How is the overall child care system functioning?

Practitioners have a wide variety of responses concerning their own personal experiences with the child care system. Family day care home providers outline a licensing process which primarily begins with a call initiated by them. Two in rural areas indicate that they were asked to apply by a D.S.S. worker, who assisted the process in a number of ways. Providers vary in their account of how much consulting or advice they have received. About half indicate getting only minimal routine assistance, others that the licensing worker is helpful and friendly, can be called often, has given written information and advice about insurance, taxes, the food program, etc. A number of providers are very enthusiastic about the food reimbursement program and give detailed information on its benefits and regulations. They show more feelings of agency contact from this program than from the licensing worker. Others say they do not want to participate in the food reimbursement program because of paper work and "personal questions." Most interviewed providers have had no major problems with the system except for payment dissatisfaction. The unit system does not account for parents who leave children longer than their one unit of

allocated time. A number of providers cite examples of children often being left an extra hour or two for which they receive no payment. Three mention their sense of isolation and lack of support. They would welcome either D.S.S. sponsored group events or would like the Family Day Care Providers Association to be more active in their area of the state.

A number suggest the state D.S.S. cut down on paper work and "bureaucratic hassles," so licensing workers have more "communication" time. One suggests more than one licensing worker's opinion be sought in the licensing process. All indicate that they are willing to take D.S.S. paid children in the future and three indicate willingness to take more than they presently have. Problems include the low rate, especially for one child. As one provider says, "D.S.S. pays good if more than one child is in the family, the rates are too low otherwise." Many of these providers see themselves as doing a service which really makes a charitable contribution. One explains that she went into this job to help other parents, "If the mother has to work, there should be good care by someone who cares. D.S.S. families need help." Another stresses the child abuse prevention service she is performing and recounts instances of having to report parents so they could get help with this problem.

Most family day care providers believe themselves to be trained because they have had children of their own. Others report that they read books; most stress how hard it would be to receive training while working. They typically do not see themselves in a professional role in which they will continue doing this work for many years. The younger ones stress that they will be looking for another job themselves as soon as their own

children reach school age. The older ones see themselves as having had many years of "mothering" experience which makes them qualified for their role. Only two providers express a sense of commitment on the long term basis to providing family day care. Providers do have suggestions for training, especially in special need areas, child development and administration. About half think D.S.S. should play an active training role; others suggest public schools, colleges, churches, and volunteer groups. As one comments, "I hate to see the state pay for everything."

The interviewed aides exhibit a sense of lack of contact from the D.S.S. system. Only three realize that the process of signing up to receive payment constitutes a "certified" status. Some indicate the payment qualification process is secondary to child care; that is, they were caring for the child already when they found out they could be paid or they now get the "left over" money if other care sources don't need it. Half of the interviewed aides are related to the children, either as grandmother or aunt. Half indicate a desire to have more D.S.S. paid children or to take new ones. A grandmother says, "I don't want anyone else's kid" and and aunt says that when she turns eighteen she will "get a regular job." Of those who would like to take more or continue to do this job, one says, "I don't mind working with children and helping them," and another, "I'm guaranteed my money and it's not worth it to care for only one." Most feel unable to handle handicapped children. Only one aide indicates receiving any but routine assistance from workers. Most state they have not expected help but some would like better communication. As one says, "It would be nice if workers at least called" and one indicates her worker does not return her calls.

Aides are aware that their level of skill is not sufficient to handle some problems but they do not see training as being something they expect or even necessarily desire. Many are inarticulate when questions concerning how the system should work or whether they need support or training are asked. It is as though they see their role in a very limited fashion - as temporary, baby-sitting helper - and they share the perception of some family day care providers that they are providing a needed service without adequate compensation. However, their perceptions of the service they perform ranges from those who see their job as "just to watch her" and "being able to put up with the child" to "help with school work" and "full parenting." Training and support for this group could probably be best provided by informal means through the D.S.S. service worker system. At present neither D.S.S. resources or expectations are addressing that task.

Center providers outline a series of steps they took to be licensed and cite instances of consultant assistance which was helpful in the process. For example, some indicate consultants give advice on equipment, activities, available workshops, free materials, centers which could be visited for ideas, financial information, support phone calls, etc. Three center providers indicate little special assistance from the consultant. One says, "I got the rules and complied." One center provider sees consultants as "too loaded down, so hassled and on the defensive," and another says the state can help if it would only "reduce bureaucratic paperwork - "I get lost in it!" Other suggestions for more help include being paid higher and more consistently, assistance in getting food reimbursement, better initial orientation, and flexibility in enforcement. One comments, however,

that she has learned how to get help by becoming politically aware.

Most center providers say they would be glad to have the same number or more D.S.S. children. As one says, "We wouldn't mind more although the red tape is a pain in the neck." They express a commitment because the D.S.S. children are "one of the groups that really need it" and even though payment is "less than ours, we would never turn any of them away." Another remarks that it is good for the center to have a mix of backgrounds and cultures. They indicate problems in the pay level; as one says, "We can't afford to take more than one-fourth D.S.S. kids" and in the lag time of authorization and the "usual foul-ups" but one says, "D.S.S. is pretty good except for the paperwork and duplication."

A number of center providers would be interested in further training, especially in administration and parent education. They suggest D.S.S. involvement in training, perhaps in cooperation with colleges. If D.S.S. is involved, however, one suggests they should "find out what people need, not just do what D.S.S. says they need."

Consultants, although they have at times found it difficult to carry out responsibilities due to the "time crunch" and to "gray areas of responsibility," generally think the system is working well. They describe the licensing process as being fairly well defined, although one says it is "nebulous but striving for precision." Consultants indicate that many centers prefer to use other sources of help, especially non-state consultants and other center directors. One says her services are not used "until I've been there once. Some see us as bad guys, others as a helping resource," and another states, "Sometimes other sources are more appropriate." Most

consultants interviewed indicate enough centers exist in their area but "not enough good ones." One consultant in a less populated area indicates many more centers are needed.

Complaint processes are particularly difficult, both in determining validity of complaint and getting a license revocation. In general, it is rare to close a center; much more likely that refusal to renew or provisional status will be the action recommended. Unscheduled visits are made only if center personnel have been notified that the center will receive an unscheduled visit, usually based on a complaint. They feel the state level office could be more helpful if there were more efficient supervision, better established priorities, and more staff training on "what's happening." In addition to the state administration providing additional training, sharing sessions with consultants and a group of centers is suggested by one consultant. Although consultants are interested in on-going and formal training, they are uncertain as to the best sources of this training.

Most day care services workers indicate difficulty in fulfilling the responsibilities of their role because of size of caseload, paperwork, not enough routine office help, the slow payment process, inflexible or inappropriate deadlines, and number of responsibility areas for the time they have. They are concerned that quality of service must compete with quantity of service and as one client service worker says, she has found the "liaison with child, care giver, and client to be more sensitive to actual care quality." Unfortunately, as one family day care home licensor says, "Annual visits must be omitted to have time for renewals and original home calls."

They have many suggestions for ways the state could help them do a better job. These include simplifying the payment system and having accounting workers do routine work, reducing case loads or rearranging the set of duties, using training meetings for quality consulting issues, and providing more information on benefits clients can have. A few outline system changes which would streamline the eligibility and service process. Another expresses an access concern suggesting enlarging the guidelines to serve more parents and children. They confirm parents' reports that workers rarely have time to look for caregivers, so that parents must identify the care type and source with little assistance. The way workers handle complaints is to review the problem with the parent, refer to another care source and to protective service, if necessary. In most cases they also talk with the provider. Only one worker reports that she observes the child in the care setting.

All those who license family day care homes indicate that there are not enough homes to handle needs. One says this is because the rates are too low to attract providers. Many providers will not take D.S.S. children because of the rates. Another says that rural areas are isolated and need more homes and centers and aides, because there are no openings. Since these are also the areas where family day care home providers indicate the initiative to get licensed sometimes comes from workers, it appears that workers in these areas also fill a role of developing more care settings.

Workers generally would like further training and most suggest this is best provided by colleges, since "state training people don't have much more training than field workers." Others see the state agency role as an important first source.

In sum, the day care service workers and the parents share similar perceptions of the problems in the care system and make suggestions for changes which are in general agreement.

Resolving basic issues in the child care system

While certainly not conclusive, the interview data provides insight into the problems which must be addressed if access to child care is to be increased and if the delivery system is to become more responsive to the needs of children and their parents. Moreover, it demonstrates that parents, providers of care, and state agency personnel express similar concerns and that their analyses of what should be done have many common points. Why then do they so often perceive each other as "opposing forces"? Why are the measures which could be taken to improve the system, such as more choice options for parents, higher payments for caregivers, and enough state agency staff to carry out fully the service responsibilities often not seriously considered when child care policy is made? Why does the work of child care advocates usually have to focus on preventing scope or quality reductions rather than on implementing services of greater scope and quality?

In earlier papers, the value dichotomies which have been characteristic of the American approach to child care policy were discussed. Briefly, they center on the following:

1. state vs. parent rights and responsibility - with child care policy showing ambivalence and a gradual movement toward the state's involvement in the parenting role, even though American value rhetoric still leans strongly toward the parental side.

2. broad and narrow scope - with child care policy typically being defined narrowly as only for certain "problem" or "non-normal" groups, even though child care is now a "typical" or "normal" family need.
3. maximal vs minimal quality - with child care policy varying on this dimension in various time periods or for different categorical groups, even though children's developmental and educational needs require that quality should be of greater than minimal levels for all children.

These value issues influence both the strength and the direction of advocacy for child care. For example, the present conservative rhetoric which seeks to return the family to its "traditional" responsibility, i.e., mother in the home caring for children is affecting both the state and federal governments' commitment to public involvement in child care. Similarly, when financial resources are scarce governmental actions to reduce scope and/or to reduce quality in child care can seriously harm both access and delivery of services.

The study data point to these conclusions:

1. Parents need and want care so they can become productive members of society; leading independent financial lives. State supported child care assists them in this goal. Care they believe is "best for their child" makes them able to fulfill these work roles without the burden of guilt which a value expectation requiring parents to assume all care responsibility would give them.
2. Parents need access to the care system and options within that system which enable them to be satisfied with the type of care they have chosen. State workers' effective assistance in this process depends

on staff loads and role responsibilities which allow them the time and resources to perform these tasks. Providers need to have support and training and enough financial compensation so that they are not the actual subsidizers of child care.

3. Parents, providers, and state agency personnel are common participants in one complex system; thus, policy which affects one part of the system affects all parts. In order to effect change, a cooperative effort is required rather than an adversary effort. The target of action must be those decision makers who do not consider the welfare of the contemporary family and the care rights of children as financial priority areas.

For child care advocates, a cooperative effort is an achievable goal. It is the only means by which child care can be significantly increased in scope and in quality, since the opposing forces are well organized and vocal. Child care advocates must be as well organized, as vocal, and as committed.

APPENDIX

CASE STUDY SUMMARY PROFILES

FAMILY DAY CARE HOME PROVIDER

E. is an energetic family day care home provider living in a mid Michigan small city. She talked rapidly and was concerned about clearly expressing herself on some of the interview questions. She seemed concerned with the children in her care and wanted to show that she was doing everything she was supposed to do as a family day care provider.

On the issue of public assistance for day care, she expressed the attitude that getting off welfare is important, and that there should be a limit on how much money is given in support. Day care is really to give parents the opportunity to work or receive training. She expressed concern for the welfare of the children. She feels it is important for a day care home to have a family atmosphere where children receive individual attention. Discipline and receiving help with their problems is important also, especially when parents are having problems and it affects their kids. She appears to enjoy what she does.

In the area of D.S.S. services, she feels that communication between D.S.S. and the providers should be improved. A lot of necessary information is not passed on to the providers - such as tax information. Most of the information she has gotten has been through word of mouth with other providers. She feels there is a need for improvement but is uncertain as to specifically how it can be achieved.

On the issue of licensing vs registration, she feels homes should be checked before licenses are issued, rather than being in agreement with the change to registration which does not require this prior inspection.

DAY CARE AIDE

D. is an aide in a suburb of a large city. She appears not to have given much thought to these issues before answering the survey and didn't have answers to many of the questions.

Concerning parents, she feels they don't need parent education because it comes naturally. They choose certain types of care because it's the best type for their child but may need help from D.S.S. in deciding what type is best for their child.

Concerning types of care for different aged children, she really doesn't know what's best for other children. She herself believes a home is best, in that you find care most like a mother's and the children get love and attention, neither of which you would probably find in a center. Learning to mind can also be taught better in a home. If children must be in day care, older ones (5+) should be in a day care home and younger ones in their own home with an aide because it's easier to care for them with their own things there.

Day care aides don't get paid enough from D.S.S. to make it worth their time. She cares for one child and was paid $25 per week by the parent before D.S.S. came into the picture. When D.S.S. started to pay, they paid her half that amount and said if the parent made up the difference, not to tell them. The parent does pay the other half. She would quit if her payments were cut in half. She thinks they should pay $1.00 an hour and pay for food the child eats there, on top of the cost of care.

In terms of who should get help for day care, someone working at a middle income level or lower or getting training should get help because they are trying. Working part time and having good care would be ideal if money wasn't a worry. She says a single person has to get out and meet people. They could also work at home, if they wanted to as an alternative. It would be the same for a two parent family.

D. didn't know there were rules for day care. She'd like to see them so she will know if she's doing the right thing. The reasons for rules are to make sure programs are adequate and to protect children.

Early childhood education is the parent's responsibility before school age. She wasn't sure what they could learn in a center, but believes it isn't anything a mother couldn't teach at home if she really wanted to. She isn't concerned about learning before kindergarten - they get it once they get to school. Some kids might benefit from a program if they were smart and wanted to learn. It would be best for children if their mothers stayed home with them before the school years.

As an aide, her responsibilities are to just watch the child and feed her breakfast and sometimes dinner.

She had no contact with D.S.S. since she had an initial interview to become an aide. She had no problems and hasn't needed any help from D.S.S.

LICENSING CONSULTANT

B. works as a licensing consultant at the D.S.S. in a large city. She has over 60 centers in her caseload, and about 80% of her time is spent in technical assistance for licensing. She has an A.B. in English and an M.S. in Child Development.

She says there are not enough good centers in her area and that the general process of licensing is nebulous. The consultant must think and communicate clearly and logically with a wide range of people. Every case is different, but all need to be treated fairly and equally, and must comply with the same rules. It is rare to close a program, no matter how the licensing standards are being met. She believes the state D.S.S. could help local consultants by having more efficient supervision, and by rigorous checking on the few but important matters.

If training were provided she would like to learn more about child development, program activities, and parent education. However, what she needs most is to learn more about licensing, regulations, and administration.

Her views include the following: She feels that all of us are responsible for children. If a child is being deprived of basic needs then society is responsible. Good day care can take the strain off parents, teach child development to parents, help make a child easier to live with, and workers can share their training with mothers in a helpful way. If good day care is not provided for some parents they might be forced to use unacceptable alternatives. Working in day care is ranked at a low level. Only by providing more money can people be attracted and kept in day care. She would rather pay for child care than nuclear projects. "If other countries can do it (China), why can't we?"

DIRECTOR OF CENTER

C. is a director of one center in a local chain, in a large city. Concerning social services for families, she believes that only those who are needy should get any help for day care services. This applies in any income bracket, however. She thinks almost anyone can be wiped out in a financial disaster. She says the government already pays for too much. Because she works for a for-profit business, she says the competition is already too great to have to compete with free programs as well. She doesn't mind taking D.S.S. paid children but wishes the fees they pay were closer to the ones they charge full paying clients who use their center.

She feels centers can best meet the needs of most children and families as long as they are good programs with qualified teachers. Children under 2½ should stay home with mothers, though, when possible. Parents should be able to both use care and work so that they can get away from their children for a while and children need the benefits of a center program: good meals, being with other people, preparation for school and getting away from parents for a while. Offering better care is the most important reason for the public to pay for care.

Parents need help in choosing care and they need parent education. Centers are qualified to offer both. Centers can refer parents to other centers or programs if needed. She feels parents are struggling with too much guilt about leaving their children in order to go to work. They need education in understanding what is appropriate to expect from their children since many parents' expectations are way out of line, which causes difficulties in disciplining. She feels, as a director, she is in a position to offer advice to parents. Education for parenting should be offered in convenient locations; in the center where their child is and in crisis centers in the community.

Concerning D.S.S. rules and regulations, she says there are too many and they are too stiff, and tells about the red tape she has to go through to get children in her program sometimes. She complains about the rapid turn-over of workers in D.S.S. and the fact that each one has his/her own idiosyncracies. She says they have to play games by doing something considered important by one worker but that isn't important to the next one.

She would like to have training in business management in order to do her job better, also more information on how best to educate parents about their children. She'd be interested in day time sessions only on a once in a while basis. Scheduled meetings are too hard to attend on a regular basis due to unexpected events such as absent staff, and outside of work hours would be unfair to ask, given the low pay in the field.

DAY CARE SERVICE WORKER

A. does both client day care services and family day care home licensing, and has for over four years in a mid-Michigan county. She has over 30 clients in her caseload, and they are equally divided among centers, homes, and aides. She considers her major responsibilities to be setting up and monitoring day care payments, determining eligibility, and doing counseling concerning placement and personal problems. She has found it difficult at times to fulfill the responsibilities of placement counseling due to lack of resources, paperwork, and lack of time. She believes the state could help by giving less cases per worker.

She has over 20 family day care homes in her caseload; about half serve D.S.S. paid children. Twice as many children are eligible, but parents use other sources such as relatives, or the parents have recently been laid-off. Some children are in Headstart while the parent works.

Only 10% of her time in spent in consultation, dealing with parents and answering their questions on payments, taxes, and food programs. About 90% is spent on technical assistance - explaining licensing, doing paperwork, writing reports and follow-up letters, and making licensing family day care home calls. She says that there are not enough licensed homes in the area.

If training were provided, she believes she would need it mostly in child development and parent assistance and education skills. She has a Bachelor's degree in sociology and is unmarried.

She gets a lot of calls wanting to know about day care. She believes single parents need reliable sitters, but can't afford them. She would like to see the school system provide day care, down to the ages of three and four.